

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

663-031010

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38.1 Primary Registration District No. 4540 Registrar's No. 63

FILED JUL 29 1963

1. PLACE OF DEATH

a. COUNTY SAGGIAN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MILANLength of stay in 1b
20 YRSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION SAGGIAN CO MEMORIAL
HOSPITALInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO

b. COUNTY SAGGIAN

c. CITY
OR TOWN MILANInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

LURA

Middle

MABLE CASTEEL

Last

CASTEEL

4. DATE OF DEATH

Month

Day

Year

JULY 20 1963

5. SEX

FE

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-25-94

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

GEN LABORER

11. BIRTHPLACE (City and state or country)

PUTNAM CO MO

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

GRANDIDE R SHIRKEY

13b. MOTHER'S MAIDEN NAME

SARAH ANN MILLER

14. NAME OF HUSBAND OR WIFE

ROBERT PEARL CASTEEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates)

16. SOCIAL SECURITY NO.

192 GWENDON CASTEEL MILAN

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Milan Sullivan

COUNTY

STATE

21. I attended the deceased from June 1963 to July 20 1963 and last saw her alive on July 20 1963. Death occurred at 6:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REINTERMENT (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Beckitt Funeral Home - Milan 7-23-63

7-23-63

Mrs. M.W. Beckitt

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1 1050

2 1050

3

4 1

5 2

6

7 0

8 2

9/57X

10

11

12 1-0

13 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3792

P. O. Address Melan Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.